## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

| Application or Docket Number |
|------------------------------|
| 0484 6985                    |
|                              |

| CLAIMS A   | S FILED - PAI        |   |  | SMALL EN         | ITITY                  |                 | OTHER               |                        |
|--|----------------------|---|--|------------------|------------------------|-----------------|---------------------|------------------------|
|  | (Column 1)           | (Colu   | mn 2)                                      | TYPE E           | <b>×</b>               | OR              | SMALL               |                        |
| TOTAL CLAIMS   | 30                   |   |  | RATE             | FEE                    |                 | RATE                | FEE                    |
| OR   | NUMBER FILEC         | NUMB  | ER EXTRA                                   | BASIC FEE        | 355.00                 | OR              | BASIC FEE           | · 710.00               |
| OTAL CHARGEABLE CLAIMS   | 30 minus 2           | 20= " [   | 0  | X\$ 9=           | 90                     | OR              | X\$18=              |                        |
| INDEPENDENT CLAIMS 5 minus 3 = 2   |                      |   | 2  | X40=             | 80                     | OR              | X80=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |                      |   | +135=                                      |                  | OR                     | +270=           |                     |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |                      |   |  | TOTAL            | 5.25                   | OR              | TOTAL               |                        |
| CL AIMS AS   | AMENDED - F          | PART II   |  |                  |                        | • .             | OTHER               | THAN                   |
| 7-21-04 (Column 1) (Column 2) (Column 3)   |                      |   |  | SMALL            | ENTITY                 | OR SMALL ENTITY |                     |                        |
| CLAIMS<br>REMAINING  | P                    | HIGHEST<br>NUMBER<br>REVIOUSLY  | PRESENT<br>EXTRA                           | RATE             | ADDI-<br>TIONAL<br>FEE |                 | RATE                | ADDI-<br>TIONAL<br>FEE |
| Total -  | Minus **             | Sa<br>Sa  | = _  | X\$ 9=           | 9                      | OR              | X\$18=              |                        |
| AFTER AMENDMENT  Total • /6  Independent • 3   | Minus                | • 5 .   | = .  | X40=             | 20 A 20                | OR              | X80= -              |                        |
| FIRST PRESENTATION OF  | MULTIPLE DEPEN       | DENT CLAIM  |  |                  |                        | ÷4              | 14.02.00            | 28.44.7 mg             |
| Ser Land the restaurant with the service   | artharan (h. 17      | en e  | erienienienienienienienienienienienienieni | +135=            | and the second second  | OR              | +270= .             | Conference of the      |
|  |                      | e a e latela de de la como de la | led a sewija<br>Tarih a sewija             | ADDIT. FEE       |                        | OR'             | TOTAL<br>ADDIT. FEE |                        |
| (Column 1)   | (                    | Column 2)   | (Column 3)                                 |                  |                        | ×               |                     |                        |
| CLAIMS REMAINING AFTER AMENDMEN  | P                    | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT EXTRA                              | RATE             | ADDI-<br>TIONAL        |                 | RATE                | ADDI-<br>TIONAL<br>FEE |
| lotal Transfer   | Minus                | 15- 15 mg.  |  | X\$ 9=           | 74.4                   | OR              | X\$18=              |                        |
| Independent  | Minus ••             | 16 Sept.  | =  | X40=             |                        | OR              | X80=                |                        |
| FIRST PRESENTATION OF  | MULTIPLE DEPEN       | DENT CLAIM  |  | +135=            |                        | OR              | +270=               |                        |
| A STATE OF THE STA |                      |   |  | TOTAL            | Allega Basili          |                 | TOTAL               | erganiya, ikil         |
|  |                      |   |  | ADDIT. FEE       |                        | OR              | ADDIT. FEE          | 717 2018               |
| (Column 1  | )                    | Column 2)   | (Column 3)                                 |                  | No. 1                  | •               | 4.2                 |                        |
| CLAIMS<br>REMAINING  |                      | HIGHEST<br>NUMBER   | PRESENT                                    | 1. 1. 1. 1       | ADDI等                  |                 | STATE OF            | ADDIV                  |
| AFTER AMENDMEN   |                      | PREVIOUSLY<br>PAID FOR  | EXTRA                                      | RATE             | TIONAL-<br>FEE         |                 | RATE                | TIONAL<br>FEE          |
| REMAINING AFTER AMENDMEN  Total Independent  | Minus •              |   | . =  | X\$ 9=           |                        | OR              | 7X\$18≜             | *                      |
| Independent Winder   | Minus •              | 44,   | =  | X40=             |                        | OR              | X80=                |                        |
| FIRST PRESENTATION OF  | MULTIPLE DEPEN       | IDENT CLAIM   | 4  | -                |                        | 100             | -                   |                        |
| Mark Market  |                      |   |  | +135=            |                        | OR              | +270=               |                        |
| * If the entry in column 1 is less tha   | Paid For IN THIS S   | PACE is less th   | an 20, enter "20.                          | TOTAL ADDIT. FEE |                        | OR              | TOTAL<br>ADDIT: FEE |                        |
| فاستنصاب فالمتناه والمتناه والمتناها والمتناسبات   | y Paid For IN THIS S | PACE IS IESS I  | nan 3, enter "3."<br>he highest numbe      | er found in th   | roonale od             | יא וה מ         | Summer 1999         | Mary Mary              |
| If the "Highest Number Previously The Highest Number Previously  | Pair Total or Inc    | gependem) is u  | to take took the tipe                      |                  | •                      |                 |                     |                        |